

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

John Campbell For Congress

ADDRESS (number and street)
▼

4590 Macarthur Boulevard

☐Check if different
than previously
reported. (ACC)

Suite 500

Newport Beach

CA

92660

2028

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00412312

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

CA

48

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☒

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

03

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kelly Lawler

Signature of Treasurer

Electronically Filed by Kelly Lawler

Date

04

14

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

John Campbell For Congress

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 9

To:

M M
0 3D D
3 1Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	54513.83	59713.83
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	54513.83	59713.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	24340.60	55475.78
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1147.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	24340.60	54328.78
8. Cash on Hand at Close of Reporting Period (from Line 27).....	297045.19	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1832.01	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name
John Campbell For Congress

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	9

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

18600.00

23800.00

(ii) Unitemized.....

100.00

100.00

(iii) TOTAL of contributions

from individuals..... ▶

18700.00

23900.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACS).....

35813.83

35813.83

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

54513.83

59713.83

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

1147.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

3850.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

54513.83

64710.83

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24340.60	55475.78
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	2573.00	2573.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ➤	26913.60	58048.78

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	269444.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	54513.83
25. SUBTOTAL (add Line 23 and Line 24).....	323958.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26913.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	297045.19

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)

Joni Alter

Mailing Address 2 Via Cancha

City

San Clemente

State

CA

Zip Code

92673-2734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seaview Investors, LLC

Occupation

Executive VP Sales & Marketing

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9582

Amount of Each Receipt this Period

2400.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Joni Alter

Mailing Address 2 Via Cancha

City

San Clemente

State

CA

Zip Code

92673-2734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seaview Investors, LLC

Occupation

Executive VP Sales & Marketing

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9583

Amount of Each Receipt this Period

2400.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Robert A Alter

Mailing Address 2 Via Cancha

City

San Clemente

State

CA

Zip Code

92673-2734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sunstone Hotels

Occupation

President & CEO

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9554

Amount of Each Receipt this Period

2400.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

7200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)

Robert A Alter

Mailing Address 2 Via Cancha

City

San Clemente

State

CA

Zip Code

92673-2734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sunstone Hotels

Occupation

President & CEO

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9555

Amount of Each Receipt this Period

2400.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Maurine Campbell

Mailing Address 125 S Las Palmas Avenue

City

Los Angeles

State

CA

Zip Code

90004-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation

Homemaker

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9550

Amount of Each Receipt this Period

2400.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Maurine Campbell

Mailing Address 125 S Las Palmas Avenue

City

Los Angeles

State

CA

Zip Code

90004-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation

Homemaker

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9551

Amount of Each Receipt this Period

2200.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)

Morgan Davis

Mailing Address 10 Whalers Bluff

City

Newport Coast

State

CA

Zip Code

92657-2136

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation

Retired

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9549

Amount of Each Receipt this Period

2400.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Randolph Takasuka

Mailing Address 17071 Westport Drive

City

Huntington Beach

State

CA

Zip Code

92649-4219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steadfast Companies

Occupation

Vice President

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9548

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Thomas J. Zimbrick

Mailing Address 5870 Persimmon Drive

City

Madison

State

WI

Zip Code

53711-5004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Zimbrick, Inc.

Occupation

Auto Dealer

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: A-C9556

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

4400.00

TOTAL This Period (last page this line number only)

18600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 35

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)

AICPA PAC

Mailing Address 220 Leigh Farm Road

City

Durham

State

NC

Zip Code

27707-8110

FEC ID number of contributing
federal political committee.

C C00077321

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1901.18

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 9

Transaction ID: A-I9570

Amount of Each Receipt this Period

401.18

Inkind: Fundraiser Food
& Facility

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

AICPA PAC

Mailing Address 220 Leigh Farm Road

City

Durham

State

NC

Zip Code

27707-8110

FEC ID number of contributing
federal political committee.

C C00077321

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1901.18

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9564

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Allianz Life Insurance Company PAC

Mailing Address 591 Redwood Highway
Bldg. 4000

City

Mill Valley

State

CA

Zip Code

94941-6001

FEC ID number of contributing
federal political committee.

C C00095109

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9563

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2901.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)
American Council of Life Insurers PAC

Mailing Address 101 Constitution Avenue NW
700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee. **C** C00147066

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9565

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
AT&T, Inc. Federal PAC

Mailing Address 175 E. Houston, Room 7-A-50

City State Zip Code
San Antonio TX 78205

FEC ID number of contributing
federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 2 / 2 0 0 9

Transaction ID: A-C9520

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Blue Shield of California PAC

Mailing Address 1215 K Street
Suite 2010

City State Zip Code
Sacramento CA 95814-3948

FEC ID number of contributing
federal political committee. **C** C00340364

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: A-C9535

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 35

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)
Build PAC

Mailing Address 1201 15th Street NW

City State Zip Code
Washington DC 20005-2842

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 1 6 / 2 0 0 9

Transaction ID: A-C9530

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Commerical Mortgage Securities Association PAC

Mailing Address 30 Broad Street
Floor 28

City State Zip Code
New York NY 10004-2956

FEC ID number of contributing federal political committee. **C** C00411173

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9566

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Conservative Victory Fund

Mailing Address PO Box 15245

City State Zip Code
Washington DC 20003-0245

FEC ID number of contributing federal political committee. **C** C00009704

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 412.65

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 1 6 / 2 0 0 9

Transaction ID: A-I9533

Amount of Each Receipt this Period

412.65

Inkind: Blast Fax Fundrai-
ser Invite

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3412.65

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 35

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)

Deloitte & Touche Federal PAC

Mailing Address PO Box 365

City

Washington

State

DC

Zip Code

20044-0365

FEC ID number of contributing
federal political committee.**C** C00211318

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	0	9

Transaction ID: A-C9531

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**B.**

Full Name (Last, First, Middle Initial)

Electrical Construction PAC

Mailing Address 3 Bethesda Metro Center

City

Bethesda

State

MD

Zip Code

20814-5330

FEC ID number of contributing
federal political committee.**C** C00113811

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: A-C9576

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**C.**

Full Name (Last, First, Middle Initial)

Ernst & Young PAC

Mailing Address 1225 Connecticut Avenue NW

City

Washington

State

DC

Zip Code

20036-2604

FEC ID number of contributing
federal political committee.**C** C00227744

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	0	9

Transaction ID: A-C9532

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 35

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)

Experian North America, Inc. PAC

Mailing Address 475 Anton Boulevard

City

Costa Mesa

State

CA

Zip Code

92626-7037

FEC ID number of contributing
federal political committee.

C C00379768

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Transaction ID: A-C9534

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Farmers Group Inc. PAC

Mailing Address 591 Redwood Highway
Suite 4000

City

Mill Valley

State

CA

Zip Code

94941-3039

FEC ID number of contributing
federal political committee.

C C00135681

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9547

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

HotelPAC

Mailing Address 1201 New York Avenue
Suite 600

City

Washington

State

DC

Zip Code

20005-3917

FEC ID number of contributing
federal political committee.

C C00001198

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9567

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 35

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)
Humane USA PAC

Mailing Address PO Box 19224

City State Zip Code
Washington DC 20036-9224

FEC ID number of contributing
federal political committee. **C** C00350439

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9543

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
M F A PAC

Mailing Address 2025 M Street
Suite 800

City State Zip Code
Washington DC 20036-2422

FEC ID number of contributing
federal political committee. **C** C00306894

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9568

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Mortgage Bankers Association

Mailing Address 1919 Pennsylvania Avenue NW

City State Zip Code
Washington DC 20006-3404

FEC ID number of contributing
federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 4 / 2 0 0 9

Transaction ID: A-C9536

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 35

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)

New York Life PAC

Mailing Address 51 Madison Avenue

City

New York

State

NY

Zip Code

10010-1603

FEC ID number of contributing
federal political committee.

C C00158881

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9561

Amount of Each Receipt this Period

3000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Pfizer PAC

Mailing Address 235 E 42nd Street

City

New York

State

NY

Zip Code

10017-5703

FEC ID number of contributing
federal political committee.

C C00016683

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9545

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Physician Hospitals of America PAC

Mailing Address 2600 S Minnesota Avenue
Suite 202

City

Sioux Falls

State

SD

Zip Code

57105-4731

FEC ID number of contributing
federal political committee.

C C00394163

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: A-C9537

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 35

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)

PricewaterhouseCoopers PAC

Mailing Address 1301 K Street NW
Suite 800W

City State Zip Code
Washington DC 20005-3317

FEC ID number of contributing
federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9544

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Realtors PAC

Mailing Address 430 N Michigan Avenue

City State Zip Code
Chicago IL 60611-4011

FEC ID number of contributing
federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 9

Transaction ID: A-C9539

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Security Traders Association PAC

Mailing Address 420 Lexington Avenue
Room 2334

City State Zip Code
New York NY 10170-2399

FEC ID number of contributing
federal political committee. **C** C00326256

Name of Employer Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9542

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 35

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)

Sempra Energy Employees PAC

Mailing Address 101 Ash Street

City

San Diego

State

CA

Zip Code

92101-3017

FEC ID number of contributing
federal political committee.

C C00008748

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9560

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

The Charles Schwab Corporation PAC

Mailing Address 101 Montgomery Street

City

San Francisco

State

CA

Zip Code

94104-4151

FEC ID number of contributing
federal political committee.

C C00370114

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9562

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Title Industry PAC

Mailing Address 1828 L Street NW
Suite 705

City

Washington

State

DC

Zip Code

20036-5107

FEC ID number of contributing
federal political committee.

C C00012914

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C9541

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 35

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)

USAA Employee PAC

Mailing Address 601 Pennsylvania Avenue NW
Suite 225

City	State	Zip Code
Washington	DC	20004-2601

FEC ID number of contributing
federal political committee.**C** C00164145

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: A-C9546

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

35813.83

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
John Campbell For Congress

A. Full Name (Last, First, Middle Initial) AICPA PAC	Transaction ID: B-I-9570
Mailing Address 220 Leigh Farm Road	Date of Disbursement
City Durham State NC Zip Code 27707-8110	<div> <div>03</div> <div>25</div> <div>2009</div> </div>
Purpose of Disbursement Inkind: Fundraiser Food & Facility Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<div>401.18</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) AT&T Wireless	Transaction ID: B-E-9512
Mailing Address PO Box 78110	Date of Disbursement
City Phoenix State AZ Zip Code 85062-8110	<div> <div>02</div> <div>18</div> <div>2009</div> </div>
Purpose of Disbursement Cellular Phone Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<div>108.64</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Balboa Bay Club	Transaction ID: B-E-9528
Mailing Address 1221 W Coast Highway Suite 145	Date of Disbursement
City Newport Beach State CA Zip Code 92663-5037	<div> <div>03</div> <div>11</div> <div>2009</div> </div>
Purpose of Disbursement Catering & Facility Deposit Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<div>2300.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2809.82

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)
Capital Grille

Mailing Address 601 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004-2601

Purpose of Disbursement
Staff Lunch Meeting

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-501

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

319.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Muffy
Lewis(02/18/09)

B.

Full Name (Last, First, Middle Initial)
Capital Strategies DC

Mailing Address PO Box 1605

City Alexandria State VA Zip Code 22313-1605

Purpose of Disbursement
Fundraising Commission

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9487

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

4000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Capital Strategies DC

Mailing Address PO Box 1605

City Alexandria State VA Zip Code 22313-1605

Purpose of Disbursement
Overnight Shipping

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9488

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

72.58

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Original vendors exceeding
reporting threshold itemi-
zed as memo transactions.

SUBTOTAL of Disbursements This Page (optional)

4072.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
John Campbell For Congress

A. Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 1st Street SE	Transaction ID: B-E-9515 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20003-1801 Purpose of Disbursement Membership Dues & Meetings Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>519.66</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) CL7 Communications Mailing Address 2125 Loma Verde Drive City Fullerton State CA Zip Code 92833-1712 Purpose of Disbursement Fundraising Retainer Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-9501 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 3 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) CL7 Communications Mailing Address 2125 Loma Verde Drive City Fullerton State CA Zip Code 92833-1712 Purpose of Disbursement Fundraising Retainer Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-9503 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

5519.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 35

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
John Campbell For Congress

A. Full Name (Last, First, Middle Initial) CL7 Communications Mailing Address 2125 Loma Verde Drive	Transaction ID: B-E-9526 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 9 / 2 0 0 9</div> </div>
City Fullerton State CA Zip Code 92833-1712 Purpose of Disbursement Fundraising Retainer Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>2500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) CL7 Communications Mailing Address 2125 Loma Verde Drive City Fullerton State CA Zip Code 92833-1712 Purpose of Disbursement Fundraiser Retainer and Postag Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-9553 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2542.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.
C. Full Name (Last, First, Middle Initial) CompleteCampaigns.com Mailing Address 3635 Ruffin Road Floor 3 City San Diego State CA Zip Code 92123-1880 Purpose of Disbursement Software Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-9496 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 8 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>750.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

5792.10

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)

CompleteCampaigns.com

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Software

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B-E-9504

Date of Disbursement

02 / 09 / 2009

Amount of Each Disbursement this Period

375.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

CompleteCampaigns.com

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Credit Card Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B-E-9506

Date of Disbursement

02 / 09 / 2009

Amount of Each Disbursement this Period

5.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

CompleteCampaigns.com

Mailing Address 3635 Ruffin Road
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
Software

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B-E-9525

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

375.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

755.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
John Campbell For Congress

A. Full Name (Last, First, Middle Initial) Conservative Victory Fund Mailing Address PO Box 15245	Transaction ID: B-I-9533 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 6 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20003-0245 Purpose of Disbursement Inkind: Blast Fax Fundraiser Invite Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>412.65</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) DMI Mailing Address 1145 W Collins Avenue City Orange State CA Zip Code 92867-5445 Purpose of Disbursement Print Letterhead & Envelopes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-9529 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 6 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>662.83</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Federal Express Mailing Address 1140 PO Box City Memphis State TN Zip Code 38194-0001 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-S-503 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>207.51</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Wells Fargo Card Services(02/18- /09)

SUBTOTAL of Disbursements This Page (optional)

1075.48

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)

Luigi Rossetti, Jr.

Mailing Address PO Box 2913

City
Capistrano BeachState
CAZip Code
92624-0913Purpose of Disbursement
Staff Meal

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

G2008

Transaction ID: B-E-9489

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	7	/	2	0	0	9

Amount of Each Disbursement this Period

244.46

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
Original vendors exceeding
reporting threshold itemi-
zed as memo transactions.**B.**

Full Name (Last, First, Middle Initial)

Misc. Expenses Under Threshold

Mailing Address Vendors Total are Under \$200

City
IrvineState
CAZip Code
92616Purpose of Disbursement
Misc. Campaign Expense

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-505

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	9	/	2	0	0	9

Amount of Each Disbursement this Period

25.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]Subitemization of Wells
Fargo Card Services(02/09-
/09)**C.**

Full Name (Last, First, Middle Initial)

Misc. Expenses Under Threshold

Mailing Address Vendors Total are Under \$200

City
IrvineState
CAZip Code
92616Purpose of Disbursement
Misc. Campaign Expenses

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-504

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	0	9

Amount of Each Disbursement this Period

59.97

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]Subitemization of Wells
Fargo Card Services(02/18-
/09)

SUBTOTAL of Disbursements This Page (optional)

244.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
John Campbell For Congress

A. Full Name (Last, First, Middle Initial) Misc. Expenses Under Threshold	Transaction ID: B-S-508
Mailing Address Vendors Total are Under \$200	Date of Disbursement
	<div> <div>MM / DD / YY</div> <div>03 / 09 / 2009</div> </div>
City Irvine State CA Zip Code 92616	Amount of Each Disbursement this Period
Purpose of Disbursement Misc. Convention Expenses	<div> <div>Amount</div> <div>196.76</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Christopher Bognanno(03/09/09)
State: District:	
B. Full Name (Last, First, Middle Initial) Premier Business Centers	Transaction ID: B-E-9508
Mailing Address 4590 Macarthur Boulevard Suite 500	Date of Disbursement
	<div> <div>MM / DD / YY</div> <div>02 / 13 / 2009</div> </div>
City Newport Beach State CA Zip Code 92660-2028	Amount of Each Disbursement this Period
Purpose of Disbursement Rent	<div> <div>Amount</div> <div>225.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	
C. Full Name (Last, First, Middle Initial) Premier Business Centers	Transaction ID: B-E-9521
Mailing Address 4590 Macarthur Boulevard Suite 500	Date of Disbursement
	<div> <div>MM / DD / YY</div> <div>03 / 04 / 2009</div> </div>
City Newport Beach State CA Zip Code 92660-2028	Amount of Each Disbursement this Period
Purpose of Disbursement Rent	<div> <div>Amount</div> <div>175.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	
SUBTOTAL of Disbursements This Page (optional) ▶	<div> <div>Amount</div> <div>400.00</div> </div>
TOTAL This Period (last page this line number only) ▶	<div> <div>Amount</div> <div></div> </div>

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)

Premier Business Centers

Mailing Address 4590 Macarthur Boulevard
Suite 500

City Newport Beach State CA Zip Code 92660-2028

Purpose of Disbursement
Rent

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9540

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	9	

Amount of Each Disbursement this Period

175.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Sheraton Grand

Mailing Address 1230 J Street

City Sacramento State CA Zip Code 95814-2907

Purpose of Disbursement
CRP Convention Lodging & Meals

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-507

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	9	

Amount of Each Disbursement this Period

448.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**Subitemization of Christo-
pher Bognanno(03/09/09)**C.**

Full Name (Last, First, Middle Initial)

Southwest Air Lines

Mailing Address 18601 Airport Way
Suite 239

City Santa Ana State CA Zip Code 92707-5204

Purpose of Disbursement
CRP Convention Flight

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-506

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	9	

Amount of Each Disbursement this Period

264.20

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**Subitemization of Christo-
pher Bognanno(03/09/09)

SUBTOTAL of Disbursements This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
John Campbell For Congress

A. Full Name (Last, First, Middle Initial) State of California	Transaction ID: B-E-9500
State of California	Date of Disbursement
Mailing Address 3030 Avenida Del Presidente	<div> <div><div>M</div><div>M</div></div> <div>/</div> <div><div>D</div><div>D</div></div> <div>/</div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div>01222009</div>
City San Clemente State CA Zip Code 92672-4433	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Venue Deposit Candidate Name <div>003 Category/ Type</div>	<div>775.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
B. Full Name (Last, First, Middle Initial) The KAL Group	Transaction ID: B-E-9486
The KAL Group	Date of Disbursement
Mailing Address 976 Pacific Avenue	<div> <div><div>M</div><div>M</div></div> <div>/</div> <div><div>D</div><div>D</div></div> <div>/</div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div>01082009</div>
City Willows State CA Zip Code 95988-9788	Amount of Each Disbursement this Period
Purpose of Disbursement Bookkeeping Candidate Name <div>001 Category/ Type</div>	<div>313.84</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
C. Full Name (Last, First, Middle Initial) The KAL Group	Transaction ID: B-E-9502
The KAL Group	Date of Disbursement
Mailing Address 976 Pacific Avenue	<div> <div><div>M</div><div>M</div></div> <div>/</div> <div><div>D</div><div>D</div></div> <div>/</div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div>02092009</div>
City Willows State CA Zip Code 95988-9788	Amount of Each Disbursement this Period
Purpose of Disbursement Bookkeeping Candidate Name <div>001 Category/ Type</div>	<div>200.76</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)

1289.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
John Campbell For Congress

A. Full Name (Last, First, Middle Initial) The KAL Group	Transaction ID: B-E-9522 Date of Disbursement
Mailing Address 976 Pacific Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 0 9</div> </div>
City Willows State CA Zip Code 95988-9788	Amount of Each Disbursement this Period <div>198.41</div>
Purpose of Disbursement Bookkeeping Candidate Name	<div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Tommy Bahama's	Transaction ID: B-S-500 Date of Disbursement
Mailing Address 854 Avocado Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 7 / 2 0 0 9</div> </div>
City Newport Beach State CA Zip Code 92660-7945	Amount of Each Disbursement this Period <div>244.46</div>
Purpose of Disbursement Staff Meal Candidate Name	<div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G2008
C. Full Name (Last, First, Middle Initial) Transfirst, LLC	Transaction ID: B-E-9491 Date of Disbursement
Mailing Address 3 San Joaquin Plaza Suite 100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div>
City Newport Beach State CA Zip Code 92660-5944	Amount of Each Disbursement this Period <div>53.00</div>
Purpose of Disbursement Credit Card Discount Fees Candidate Name	<div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
SUBTOTAL of Disbursements This Page (optional)	<div>251.41</div>
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
John Campbell For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Transfirst, LLC</p> <p>Mailing Address 3 San Joaquin Plaza Suite 100</p> <p>City Newport Beach State CA Zip Code 92660-5944</p> <p>Purpose of Disbursement Credit Card Discount Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-9509 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>53.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Transfirst, LLC</p> <p>Mailing Address 3 San Joaquin Plaza Suite 100</p> <p>City Newport Beach State CA Zip Code 92660-5944</p> <p>Purpose of Disbursement Credit Card Discount Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-9573 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 0 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>53.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 660108</p> <p>City Dallas State TX Zip Code 75266-0108</p> <p>Purpose of Disbursement Cellular Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-9514 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>80.07</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

186.07

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
John Campbell For Congress

A. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 660108	Transaction ID: B-E-9519 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 0 / 2 0 0 9</div> </div>
City Dallas State TX Zip Code 75266-0108 Purpose of Disbursement Cellular Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>85.07</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Wells Fargo Card Services Mailing Address PO Box 54349 City Los Angeles State CA Zip Code 90054-0349 Purpose of Disbursement Credit Card Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9497 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2.61</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Wells Fargo Card Services Mailing Address PO Box 54349 City Los Angeles State CA Zip Code 90054-0349 Purpose of Disbursement Credit Card Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9498 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>25.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

112.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
John Campbell For Congress

A. Full Name (Last, First, Middle Initial) Wells Fargo Card Services Mailing Address PO Box 54349	Transaction ID: B-E-9517 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 9 / 2 0 0 9</div> </div>
City Los Angeles State CA Zip Code 90054-0349 Purpose of Disbursement Credit Card Payment: See Memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>25.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.
B. Full Name (Last, First, Middle Initial) Wells Fargo Card Services Mailing Address PO Box 54349 City Los Angeles State CA Zip Code 90054-0349 Purpose of Disbursement Credit Card Payment: See Memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9518 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>267.48</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.
C. Full Name (Last, First, Middle Initial) Christopher Bognanno Mailing Address 33941 Violet Lantern Street Apt. C City Dana Point State CA Zip Code 92629-2383 Purpose of Disbursement Reimbursement: See Memos Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9527 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>908.76</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional)

1201.24

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)

Muffy Lewis

Mailing Address 1621 26th Street S
Apt. 8

City Arlington State VA Zip Code 22206-2959

Purpose of Disbursement
Reimbursement: See Memo

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B-E-9513

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Original vendors exceeding
reporting threshold itemi-
zed as memo transactions.

SUBTOTAL of Disbursements This Page (optional)

319.50

TOTAL This Period (last page this line number only)

24204.60

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

John Campbell For Congress

A.

Full Name (Last, First, Middle Initial)

Republican Party of Orange County

Mailing Address 1800 W Katella Avenue
Suite 210

City Orange State CA Zip Code 92867-3444

Purpose of Disbursement
Federal Contribution

Candidate Name
Republican Party of Orange County

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9490

Date of Disbursement

01 / 20 / 2009

Amount of Each Disbursement this Period

25.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Republican Party of Orange County

Mailing Address 1800 W Katella Avenue
Suite 210

City Orange State CA Zip Code 92867-3444

Purpose of Disbursement
Federal Contribution

Candidate Name
Republican Party of Orange County

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9538

Date of Disbursement

03 / 25 / 2009

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2525.00

TOTAL This Period (last page this line number only)

2525.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 34 / 35

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
John Campbell For Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Capital Strategies DCNature of Debt (Purpose):
Administrative/Salary/Ove-
rhead: Overnight Shipping

Mailing Address PO Box 1605

City State ZIP Code
Alexandria VA 22313-1605

Outstanding Balance Beginning This Period

72.58

Transaction ID: SD10-DEBT9488

Amount Incurred This Period

0.00

Payment This Period

72.58

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Capitol Hill ClubNature of Debt (Purpose):
Fundraising: Fundraiser
Catering

Mailing Address 300 1st Street SE

City State ZIP Code
Washington DC 20003-1801

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-DEBT9581

Amount Incurred This Period

690.07

Payment This Period

0.00

Outstanding Balance at Close of This Period

690.07

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Capital Strategies DCNature of Debt (Purpose):
Fundraising: Fundraising
Commission

Mailing Address PO Box 1605

City State ZIP Code
Alexandria VA 22313-1605

Outstanding Balance Beginning This Period

4000.00

Transaction ID: SD10-DEBT9487

Amount Incurred This Period

0.00

Payment This Period

4000.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

690.07

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 35 / 35

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
John Campbell For Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Balboa Bay ClubNature of Debt (Purpose):
Fundraising: Fundraiser
CateringMailing Address 1221 W Coast Highway
Suite 145City State ZIP Code
Newport Beach CA 92663-5037

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-DEBT9580

Amount Incurred This Period

1141.94

Payment This Period

0.00

Outstanding Balance at Close of This Period

1141.94

1) **SUBTOTALS** This Period This Page (optional)..... ▶

1141.94

2) **TOTALS** This Period (last page this line number only)..... ▶

1832.01

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

1832.01